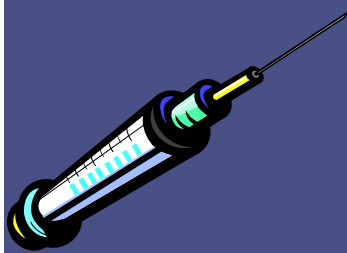


Flu Season
Fall 2008/2009



UTAH IMMUNIZATION PROGRAM

Influenza Updates

Health Care Personnel & Flu



Because Health Care Personnel (HCP) provide care to patients at high risk for complications of influenza, HCP are considered a high priority group for vaccination. Yet there are many misconceptions among HCP about the need for vaccination. Common reasons for refusing influenza vaccination posted on the American Medical Association's influenza web page include:

I'm healthy and never get the flu.

In one survey of HCP, 23% had documented serologic evidence of influenza infection after a mild flu

***First do no harm.
Protect patients by
making sure all staff
receive yearly influenza
vaccinations.***

season; however, 59% could not recall having the flu, and 28% could not recall having any respiratory infection. This suggests there is a high proportion of asymptomatic illness among HCP.
(Continued on page 4...)

Inside this issue:

ACIP Influenza Recommendations	2
Influenza Surveillance	3
Vaccine Reimbursement Rates	3
Health Care Personnel & Flu	4
Adult Influenza Vaccination Rates	6
USIIS Registry / Flu Vaccine Locator	8

Download the most current Vaccine Information Statements (VISs) for influenza and PPV in a variety of languages at the Immunization Action Coalition (IAC) website:
www.immunize.org

Influenza Recommendations 2008/2009

The Centers for Disease Control and Prevention (CDC), the Advisory Committee of Immunization Practices (ACIP), and the American Medical Association (AMA) support the following recommendations for the 2008/2009 season:

1. People at high risk for complications from the flu, including:

- Children aged 6 months to 5 years
- Pregnant women
- People 50 years of age and older
- People of any age with certain chronic medical conditions
- People who live in nursing homes and other long term care facilities
- Children aged 5 through 18 years (if vaccine supply allows)

2. People who live with or care for those at high risk for complications from flu, including:

- Household contacts of persons at high risk for complications from the flu
- Household contacts and out-of-home caregivers of children less than 6 months of age
- Health care workers

3. Anyone who wants to decrease his or her risk of influenza.

Primary Influenza Recommendation Changes and Updates

Beginning with the 2008/09 influenza season, annual vaccination of all children aged 5-18 years is recommended. Annual vaccination of all children aged 5-18 years should begin in September or as soon as vaccine is available for the 2008/09 influenza season, if feasible. Annual vaccination of all children aged 5-18 years should begin no later than during the 2009/10 influenza season.

Annual vaccination should continue for all children aged 6 months-4 years (59 months) and older children with conditions that place them at increased risk for complications from influenza. Children and adolescents at high risk for influenza complications should continue to be a focus of vaccination efforts as providers and programs transition to routinely vaccinating all children.

Either trivalent inactivated influenza vaccine (TIV) or live attenuated influenza vaccine (LAIV) can be used when vaccinating healthy persons aged 2-49 years. Children aged 6 months- 8 years should receive 2 doses of vaccine if they have not been vaccinated previously at any time with either LAIV or TIV (doses separated by 4 or more weeks); 2 doses are required for protection in these children. Children aged 6 months-8 years who received only 1 dose in their first year of vaccination should receive 2 doses the following year. LAIV should not be administered to children aged <5 years with possible reactive airways disease, such as those who have had recurrent wheezing or a recent wheezing episode. Children with possible reactive airways disease, persons at higher risk for influenza complications because of underlying medical conditions, children aged 6-23 months, and persons aged >49 years should receive TIV.

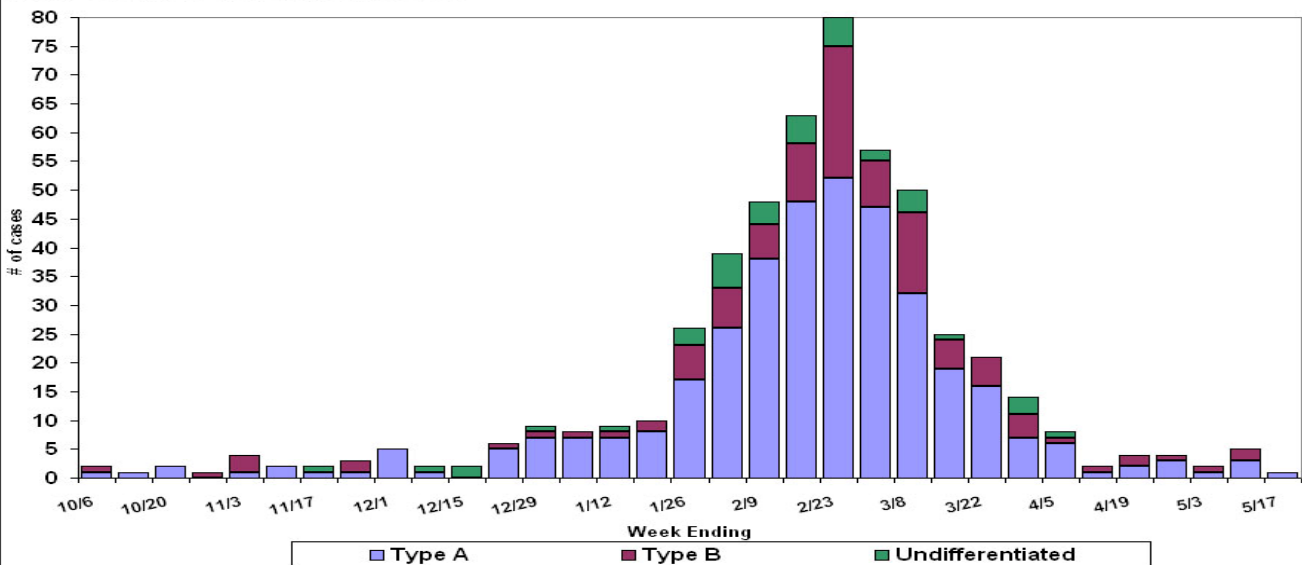
The 2008/09 trivalent vaccine virus strains are A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Florida/4/2006-like antigens.

See MMWR, July 17, 2008 / Vol. 57;1-60 for full recommendations and a detailed list of high-risk conditions.

Bureau of Epidemiology Influenza Surveillance

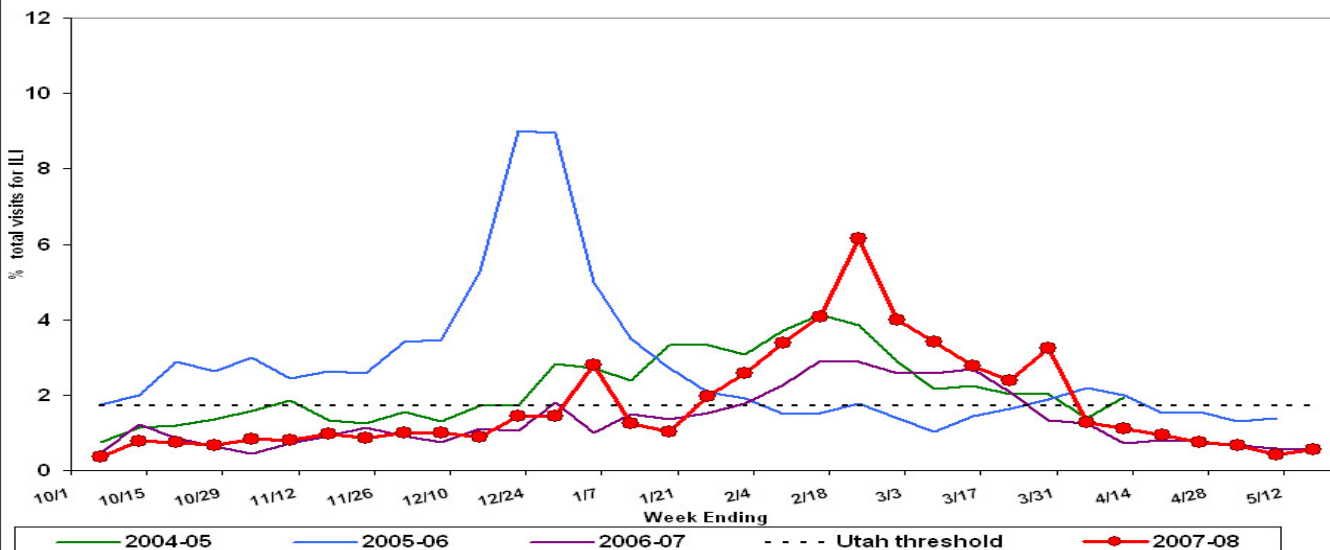
Hospitalizations by Virus Type and Week

Number of laboratory-confirmed, influenza-associated hospitalizations, by influenza virus type and week of event - Utah, 2007-2008 influenza season



Influenza Activity for Current Season and Past Three Seasons

Percentage of visits for influenza-like illness (ILI) reported by sentinel providers- Utah, 2007-2008 and previous three influenza seasons



Utah's **Medicare** adult influenza and pneumococcal polysaccharide vaccine (PPV) administration reimbursement rate for 2008 is **\$19.38** per dose. Utah's **Medicaid** reimbursement rates for vaccine administration are **\$12.348** for children and **\$8.40** for adults. Vaccine reimbursement rates and codes are:

- **90655** Influenza (0.25mL syringe, Preservative free) **\$16.879**
- **90656** Influenza (0.50mL syringe or vial, Preservative free) **\$18.198**
- **90657** Influenza (0.25mL containing Preservative) **\$6.609**
- **90658** Influenza (0.50mL containing Preservative) **\$13.218**
- **90660** Influenza (Nasal) **\$22.316**
- **90732** Pneumococcal Polysaccharide Vaccine **\$32.703**



***In Utah, for the 2007/2008 influenza season,
72.3% of hospital HCP and 47.8% of long term care
HCP received an influenza vaccination***

I'm not in a high-risk group.

You may not be in a high-risk group, but your patients are, and members of your family may be also. If you get the flu, you put people around you at high risk for serious illness. Vaccination against influenza can ensure that your contacts will remain healthy.

***The flu can't be all that bad.
After all, it's just a really bad cold.***

The flu can be very serious. Approximately 36,000 people die from the flu and flu-related complications in the U.S. each year. Ninety-five percent of these deaths occur in individuals age 65 and older. The flu vaccine protects you, and it will help keep you from spreading the flu to individuals in this vulnerable age category.

I got sick from the flu vaccine.

There is no live virus in the injectable vaccine, so you can't get the flu from the shot. It is possible to get a low-grade fever and muscle aches that last about a day or two. The vaccine can also take up to two weeks to become completely effective, so you could still get the flu during these two weeks. If you get the flu after this period, you will probably experience milder symptoms than if you had not had the immunization.

I already had the flu.

Are you sure you didn't have a bad cold? The flu will keep you in bed with a sudden onset of high fever, severe body aches, backaches and headaches for days or even weeks. It will keep you from working and carrying out daily activities. Remember also that the flu vaccine protects you against three different strains of flu.

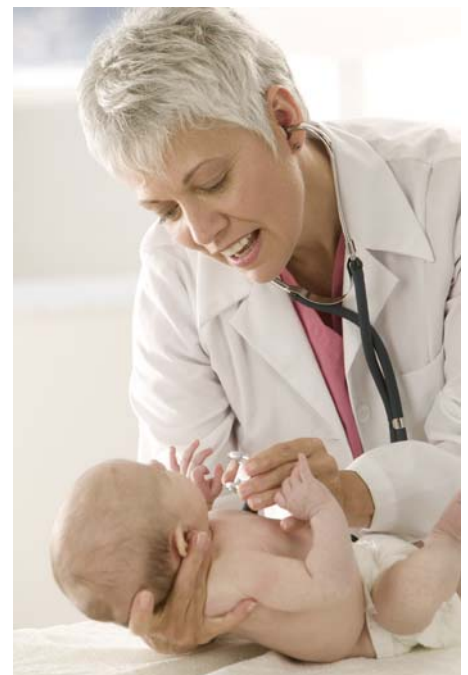
***If my patients get the flu vaccine,
then I don't need to.***

Can you be sure that they did get the flu vaccine? Can you be sure that no one in your facility is contagious with the flu? Remember that even if they were

vaccinated, the vaccine is 70-90% effective. In the frail elderly, effectiveness may be as low as 30%. Getting the flu vaccine will add an extra level of certainty that you will not get the flu, and will not pass it on to your patients.

I got vaccinated last year.

Strains of the flu virus change every year, and new vaccines are produced to counter them as soon as they are identified. In addition, the vaccine loses its potency after a year. So, the vaccination you had last year will not be effective against this year's viruses.



Influenza transmission and outbreaks in hospitals and nursing homes are well documented. HCP can acquire influenza from patients or transmit influenza to patients and other staff. Despite the documented benefits of HCP vaccination on patient outcomes and on reducing influenza infection and absenteeism among staff, vaccination coverage among HCP remains at approximately 42% nationwide.

To improve vaccination coverage, the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP) developed and endorse the following recommendations for HCP:

- Educate HCP regarding the benefits of influenza vaccination;
- Offer influenza vaccine annually to all eligible HCP;
- Provide influenza vaccination to HCP at the work site and at no cost;
- Obtain a signed declination from HCP who do not want an influenza vaccination;
- Monitor HCP influenza vaccination coverage and declination;
- Use the level of HCP influenza vaccination coverage as one measure of a patient-safety quality program.

Information from the ACIP recommendations:MMWR, July 17, 2008 / Vol. 57;1-60, and Influenza Vaccination of Health-Care Personnel, MMWR: February 24, 2006 / 55 (RR02);1-16, and the National Influenza Vaccine Summit Health Care Worker Home Page on the American Medical Association website were utilized for this article.



Health Care Personnel (HCP) *might include but are not limited to:*

- **Physicians**
- **Nurses**
- **Nursing assistants**
- **Therapists**
- **Technicians**
- **Emergency medical service personnel**
- **Dental personnel**
- **Pharmacists**
- **Laboratory personnel**
- **Autopsy personnel**
- **Students and trainees**
- **Contractual staff not employed by the health care facility**
- **Persons (e.g., clerical, dietary, housekeeping, maintenance, and volunteers) not directly involved in patient care, but potentially exposed to infectious agents that can be transmitted to and from HCP.**

The ACIP influenza recommendations apply to HCP in acute care hospitals, nursing homes, skilled nursing facilities, physicians' offices, urgent care centers, outpatient clinics, and to persons who provide home health care and emergency medical services.

Adult Influenza Vaccination Coverage Rates

In 2004, Utah's influenza vaccination coverage rate for all non-institutionalized persons 65 years of age and older was 75.5%. In 2005, however, influenza vaccination coverage rates fell nationwide, due to vaccine shortages and shipping delays. Utah's rate dropped to 69.6%, but since that time has been slowly rising. In 2006, the rate climbed to 72.1% and in 2007, reached a new high in Utah at 76.2%. Utah currently stands 11th in the nation for influenza vaccination coverage for persons 65 years and older.

The rate for all adults 18 years of age and older follows a similar pattern, dropping from 36.9% in 2004 to 30.3% in 2005.

The rate then climbed to 33.4% in 2006 and further to 39.5% in 2007.

In order to put these rates into perspective, it should be noted that an estimated 83% of the population fall into a risk group recommended for vaccination.* Consequently, if all adults with risk factors were vaccinated, the coverage rate would be 83% of the adult population. The 39.5% coverage rate for persons 18 years and over remains far below this 83% target coverage rate.

Another group recommended for vaccination is health care personnel (HCP). Nationwide, estimated influenza vaccination coverage for this group has

remained at 42% for the last three years. Two groups of HCP currently being tracked in Utah are long term care HCP and hospital HCP. Since 2005, Utah's long term care HCP rate has been slightly higher than the national HCP rate, but remains in the 40-50% range. The hospital HCP coverage rate is much higher at 72.3% for 2007. (The tables below and the graph opposite show these rates in comparison to one another.)

Adult vaccination rates in Utah are generally on an upward trend, although currently all remain below the 90% Healthy People 2010 vaccination coverage goals.

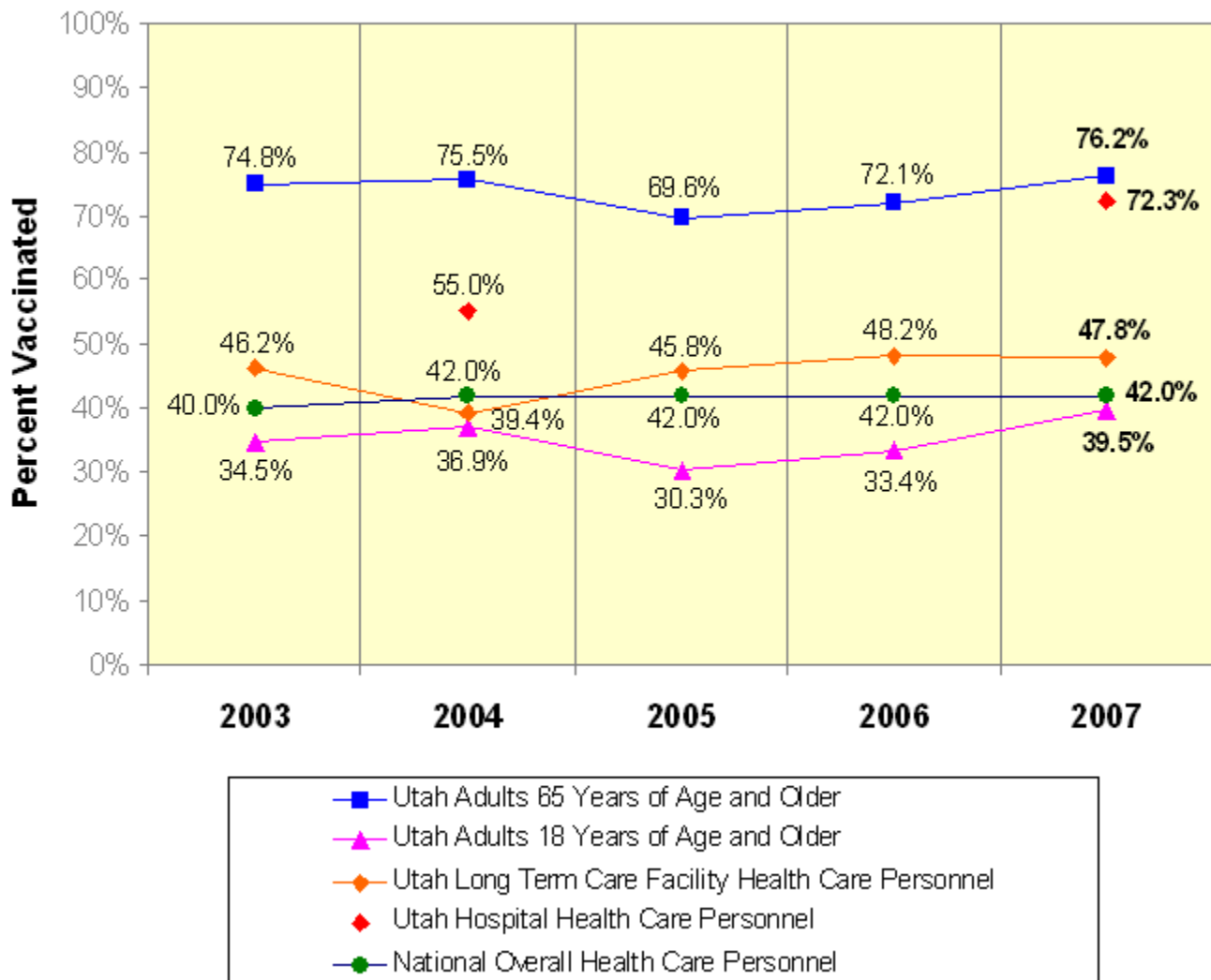
**MMWR, July 17, 2008 / Vol. 57;1-60.*

Influenza Vaccine Coverage Rates	2003	2004	2005	2006	2007
National overall HCP ¹	40.0%	42.0%	42.0%	42.0%	N/A
Utah Adults 18 Years of Age and Older ²	34.5%	36.9%	30.3%	33.4%	39.5%
Utah Long Term Care Facility HCP ³	46.2%	39.4%	45.8%	48.2%	47.8%
Utah Hospital HCP ⁴	N/A	N/A	55.0%	N/A	72.3%

BRFSS Influenza Coverage for persons ≥65 years	2002	2003	2004	2005	2006	2007
U.S.	68.6%	70.2%	68.0%	65.7%	69.6%	72.0%
Utah ²	71.1%	74.8%	75.5%	69.6%	72.1%	76.2%

BRFSS Pneumococcal Coverage for persons ≥65 years	2002	2003	2004	2005	2006	2007
U.S.	63.0%	64.7%	64.7%	65.9%	66.9%	67.3%
Utah ²	65.0%	66.2%	65.8%	66.4%	65.9%	68.8%

Influenza Vaccine Coverage Rates



References and footnotes for tables and graph

¹ The national HCP coverage rate is cited from an unpublished study of the 2004 National Health Interview Survey (NHIS) analyzed in 2006 by the Centers for Disease Control and Prevention (CDC) that was published in 2007. The data indicate a 42% influenza vaccination coverage level among HCP in 2004. This remains the most current rate available.

² The *Behavioral Risk Factor Surveillance System (BRFSS)* surveys influenza and pneumococcal immunization rates for adults 18 years of age and older nationwide. Coverage rates are based on the calendar year.

³ Percentages are taken from the ratio between the total employee number and the number of those employees who were vaccinated, as reported in the *Immunization Report for Long Term Care Facilities* from 2003 to 2007.

⁴ Utah hospitals were surveyed by the Utah Immunization Program in 2005. Hospitals reported their vaccinated employee numbers for 2007 through the Utah Bureau of Epidemiology's new infection control reporting system. Both rates are based on the ratio between the reported number of employees and the number of those employees who were vaccinated.

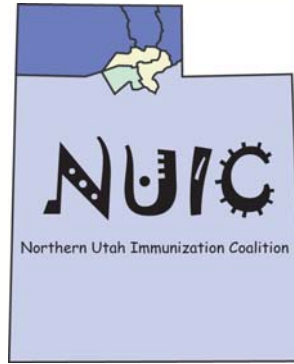
288 N 1460 W
 P.O. Box 142001
 Salt Lake City, Utah 84114-2001

Phone: 801-538-9450
 Fax: 801-538-9440

Check out our website at:
www.immunize-utah.org
HOTLINE: 1-800-275-0659



Influenza Updates



Meetings held at:

**Weber-Morgan
 Health Department
 477 23rd Street
 Ogden, Utah 84401
 2nd Floor Conf. Rm.**

at 2:00 p.m. on the first Tuesday of
 each month



Utah Adult Immunization Coalition

*Welcomes all interested providers to
 attend the monthly UAIC meetings
 held at 8:00 a.m. on the fourth
 Wednesday of each month at:*

HealthInsight

**348 E 4500 S Suite 300
 Salt Lake City, Utah 84107**

*Or join the meeting by
 phone at:*

**1-888-809-4012
 code 941770**

Immunization Registry for the Lifespan



The Utah Statewide Immunization Information System (USIIS) is now a registry for immunizations across the lifespan. There are currently more than 1,400,000 adult records in the USIIS system and more are being added daily. This is great news for adult vaccine providers who wish to access vaccine records of their adult patients.

Many adults cannot remember when and where their vaccinations were received. Conse-

quently, adult vaccination histories are difficult to obtain when providers are checking their patients' vaccine status. This has been a particular problem with the pneumococcal and tetanus vaccinations. But tracking vaccines which require multiple doses can also be problematic.

Once vaccination records are entered into the USIIS registry, any provider in the state may access the patient's history. For patients, this means vaccines will be given according to the recom-

mended schedule and unneeded vaccinations can be avoided. For providers, this means that they need not rely simply on a patient's memory of when past vaccinations were received, and that vaccines given in multiple locations are easy to access.

If your office would like to gain access to USIIS or for more information about the registry, contact the Utah Immunization Program at 801-538-9450. You may also visit the USIIS website at: www.usiis.org.



www.immunize-utah.org